



Arizona Department of Agriculture

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-6311 FAX (602) 542-0466

Self-Inspection SEASONAL PASS APPLICATION FEES: \$5.00

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ Phone Number: _____

Address: _____
(Physical Address)

(City) (State) (Zip Code)

Address: _____
(Mailing Address if different than the Physical Address)

(City) (State) (Zip Code)

Name of Group: _____
(4-H, FFA, ETC.)

Group Leaders Name: _____

Type of Livestock: Cattle Sheep Goat Premises I.D. _____
(Please Circle)

Description of Animal

Breed: _____

Sex: _____

Color/Markings: _____

Permanent I.D. (ear tag, brand, tattoo): _____

Name of Seller if Purchased in the State of Arizona: _____

Arizona Inspection Certificate Number: _____

If Livestock has been Brought in from Out of State:

Health Cert. Number: _____ Importation Permit Number: _____

Signature _____ Date _____